

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

423

Lobbyist's Registration Number

FOR OFFICE USE ONLY

Postmark Date: 1/21/03

RECEIVED

✓ M 1/23/03

NO 4

1022263

SCANNED

1/22/03 2003

By:

✓

1. NAME J. D. COOPER Jeffrey W. Cooper
Last First Middle MD

2. BUSINESS PHONE 225 658-9206

Area Code and Phone Number

3. BUSINESS ADDRESS 3081 Hwy 901 Zachary, LA 70734
Street and No. City State Zip

MAILING ADDRESS 504 N. Main Street Jeffersonville IN 46701
Street and No. City State Zip

4. EMPLOYER SC/4

5. EMPLOYER'S ADDRESS 504 N. Main
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Five years in the Association

Address: Abn Organs

Business or purpose: _____

Does this person pay you? Yes

If No, who pays you? _____

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2. Name Eric & Linda Parikh

Address 100 Waukegan Rd.

Business or purpose Part-time professional

Does this person pay you? Yes

If No, who pays you? _____

3. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

4. Name _____

Address _____

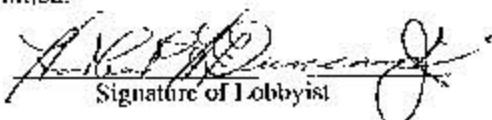
Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act (L.S.A.R.S. 24:50 et seq.) has been deliberately omitted.



Signature of Lobbyist

ATTACH
2" x 2"
PHOTOGRAPH
HERE
FOR
INITIAL
REGISTRATION
ONLY